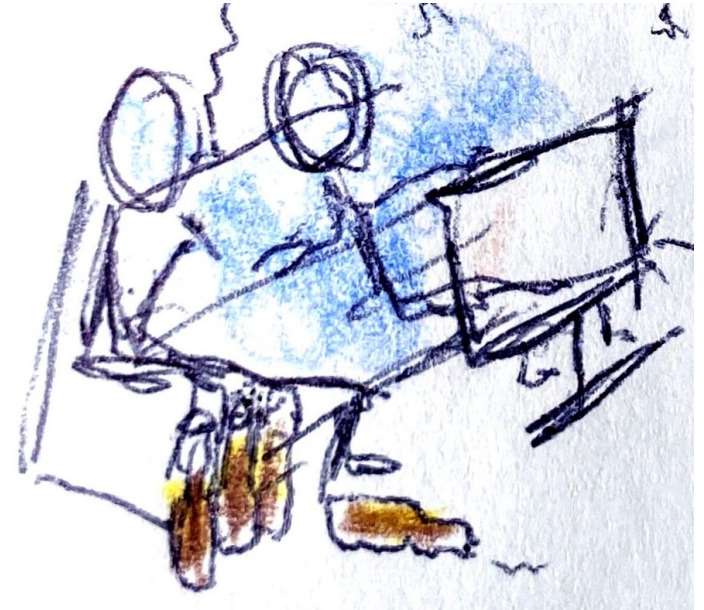


Motivational Interviewing for Teens:

Focus on Marijuana



A Carlat Webinar
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Conflicts and Disclosures

None

Learning Objectives

After the webinar, clinicians should:

1. Describe how to use motivational interviewing to reduce marijuana use in youth.
2. Summarize the technique of weighing advantages and disadvantages of a potentially problematic habit or behavior.
3. Differentiate when motivational interviewing is more likely to be effective to reduce marijuana use.
4. Explain how to balance recommendations to change harmful behaviors with respecting the autonomy and agency of children and adolescents.

Marijuana Impact

- Teens have more problems from marijuana than alcohol—academically, with mental health, and with delinquency (D’Amico EJ et al, *Addiction* 2016;111(10):1825–1835). Rates of cannabis use disorder were three times as high as for alcohol use disorder (D’Amico EJ et al, *Pediatrics* 2016;138(6):e20161717).
- Teens who use cannabis frequently are more likely to do poorly on memory tests and higher-level problem solving and information processing (Morin JFG et al, *Am J Psychiatry* 2018;176(2):98–106).
- Psychosis rate double with marijuana use

Screening: CRAFFT Captures Alcohol/Cannabis Use

CAR

RELAX

ALONE?

FORGET

FRIENDS

TROUBLE

➤ *Two or more Yes answers indicates need for further assessment*



D'Amico EJ et al, *Addiction* 2016;111(10):1825–1835
D'Amico EJ et al, *Pediatrics* 2016;138(6):e20161717
Morin JFG et al, *Am J Psychiatry* 2018;176(2):98–106

What Is Motivational Interviewing?

- Collaborative approach to help teens make healthy choices *if they are ready*
- Think through the pros and cons of using the substance.
- Does it make sense to the teen to change their behavior?

How To Do Motivational Interviewing

**A CARLAT PSYCHIATRY
REFERENCE TABLE**

Five Principles of Motivational Interviewing		
Principle	Elements	Example
Express Empathy	<ul style="list-style-type: none">• Express empathy toward teen to help build rapport• Use reflective listening	“It sounds like you’re frustrated with people you love telling you to stop smoking.”
Develop Discrepancy	<ul style="list-style-type: none">• Raise awareness of teen’s current behavior• Help them to identify differences between goals/values and current behavior• Encourage teen to come up with ways to adjust behaviors to align with stated values and goals	“I hear you that you enjoy smoking, and yet you are worried that your little sister will start too. What do you think are some ways to prevent that from happening?”
Avoid Arguing or Confrontation	<ul style="list-style-type: none">• Reframe statements• Acknowledge ambivalence	“I hear you that you are not ready to change your smoking behavior. What do you think would be helpful if and when you are ready to make a change?”
Support Self-Efficacy	<ul style="list-style-type: none">• Explore past successes in other problem areas and apply to present situation• Provide strategies and resources that can help assist teen with change• Affirm that teen is able to choose and carry out personal change	“You were able to get in shape to make the soccer team. This is kind of the same. If it’s OK with you, I can share some ideas that have worked for other people that might help and we can also think about other ideas together. You can do this.”
Support Autonomy	<ul style="list-style-type: none">• Reinforce that agency—the power for change—lies within the teen vs counselor, teachers, or parents• Listen as teen develops an action list of steps to change behavior	“You have some really great ideas about how to make some changes. We can continue to talk together as you figure out how you want to do it.”

Source: Miller WR, Rollnick S. *Motivational Interviewing: Helping People Change*. 3rd ed. New York: Guilford Press; 2012.

From the Expert Q&A:
“**Motivational Interviewing With Teens About Weed**”
with **Elizabeth D’Amico, PhD**
Volume 10, Number 6&7, September/October 2019
www.thecarlatchildreport.com

Resistance to Change

- Wanting to be with friends/FOMO: “How confident are you to not use around your friends on Friday, since you said you wanted to cut back on your use?”
- Wanting to feel better: “How confident are you to try other ways to get to sleep without using?”
- If they’re ready to make a change, we discuss how they could make that happen.

Six Stages of Change

- Precontemplation
- Contemplation
- Planning
- Action
- Maintenance
- Relapse

Stage of Change

Case Example: Precontemplation

- Depressed, anxious, autistic
- Smokes weed daily to relax
- Not ready to change
- Can't function

What would *you* say?



Are Teens Receptive to MI?

- Many are willing to talk
- Many want to make changes
- Talk about what it would mean if they continue using.
- Works well when there is ambivalence:
 - “It’s really fun for you to use and you love hanging out with your friends, and yet you’ve gotten in a lot of trouble with your parents and your grades are dropping.”

Stage of Change

Case Example: Contemplation



- Socially anxious, history of head injury
- Smokes daily to sleep
- Drinks daily alone or with others
- No longer attending school
- Recently cut down a bit (again)

What would *you* say?

Harm Reduction Is Good

- Teens are not going to walk out of the office and never use again.
 - Cutting back to once-a-week versus every day is a great outcome.
 - They might avoid using & driving or riding with a driver who's using.
 - They might stop using during school hours, and get more homework done.
 - They might still use with their friends on a Friday
 - Consequences are reduced.
- Go with what your patient thinks they can handle as a starting point.

What Do You Tell Parents?

- Parents who expect abstinence will be disappointed.
- Brief MI is to help teens change their use early in the process.
- Teens do better with resources (websites, phone numbers).
- If teens have more bad things happening, MI is more effective.
- If teens are using heavily, they need more intensive treatment.

Stage of Change

Case Example: Planning



- Socially anxious, history of loss
- Smokes daily to sleep
- Drinks daily alone or with others
- Has successfully reduced alcohol and switched from growing weed to growing other things
- Is changing work and exercise habits to support the change

What would *you* say?

The Process of MI Over Several Appointments

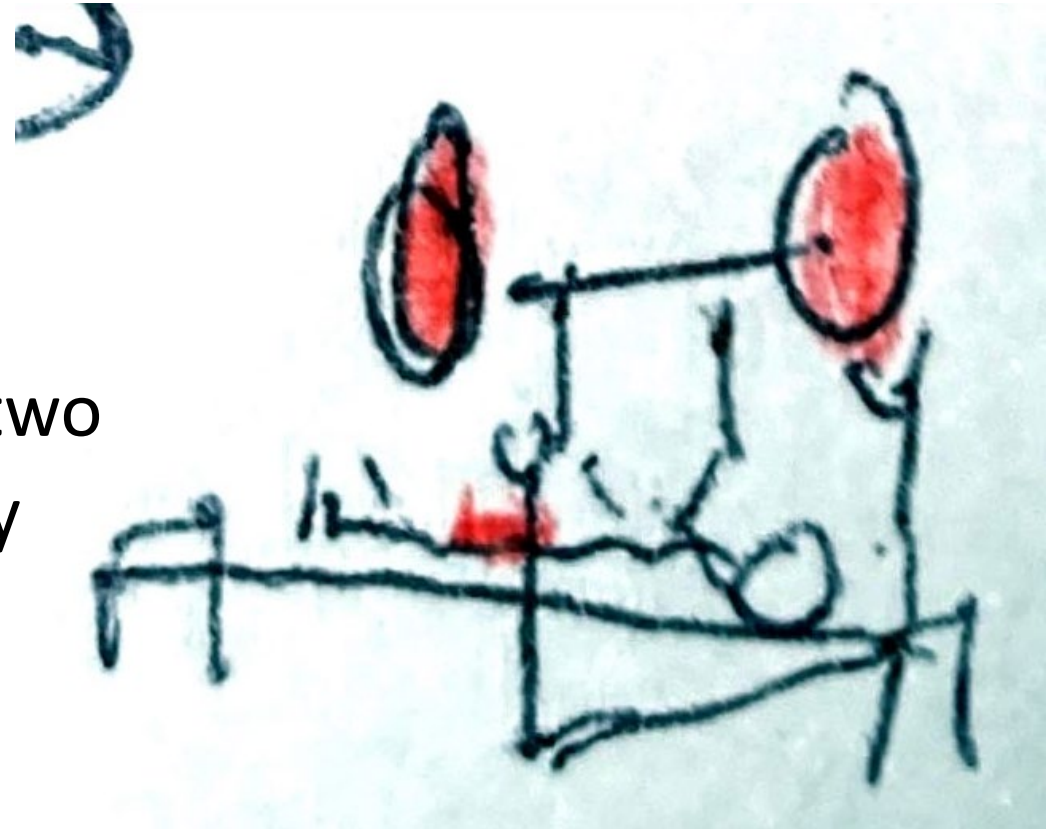
- “All you need is 15 minutes ...”
- No change? Why not? Ready to make changes now?
- Motivated but not confident? Work on coping skills.
- Not motivated but confident: Harm reduction plan.

Stage of Change

Case Example: Action

- Athlete, social communication differences
- Smokes daily to relax, doesn't drink
- Girlfriend doesn't like the smoking
- Has successfully stopped weed for two months, working out more regularly

What would *you* say?



Case Example: Maintenance



- Depressed, anxious, & socially different
- Used weed and alcohol for years which increased resistance to change and reactivity
- Stopped alcohol 2 years ago and weed 1 year ago .
- Working in tech. More resilient over time but still needs support.

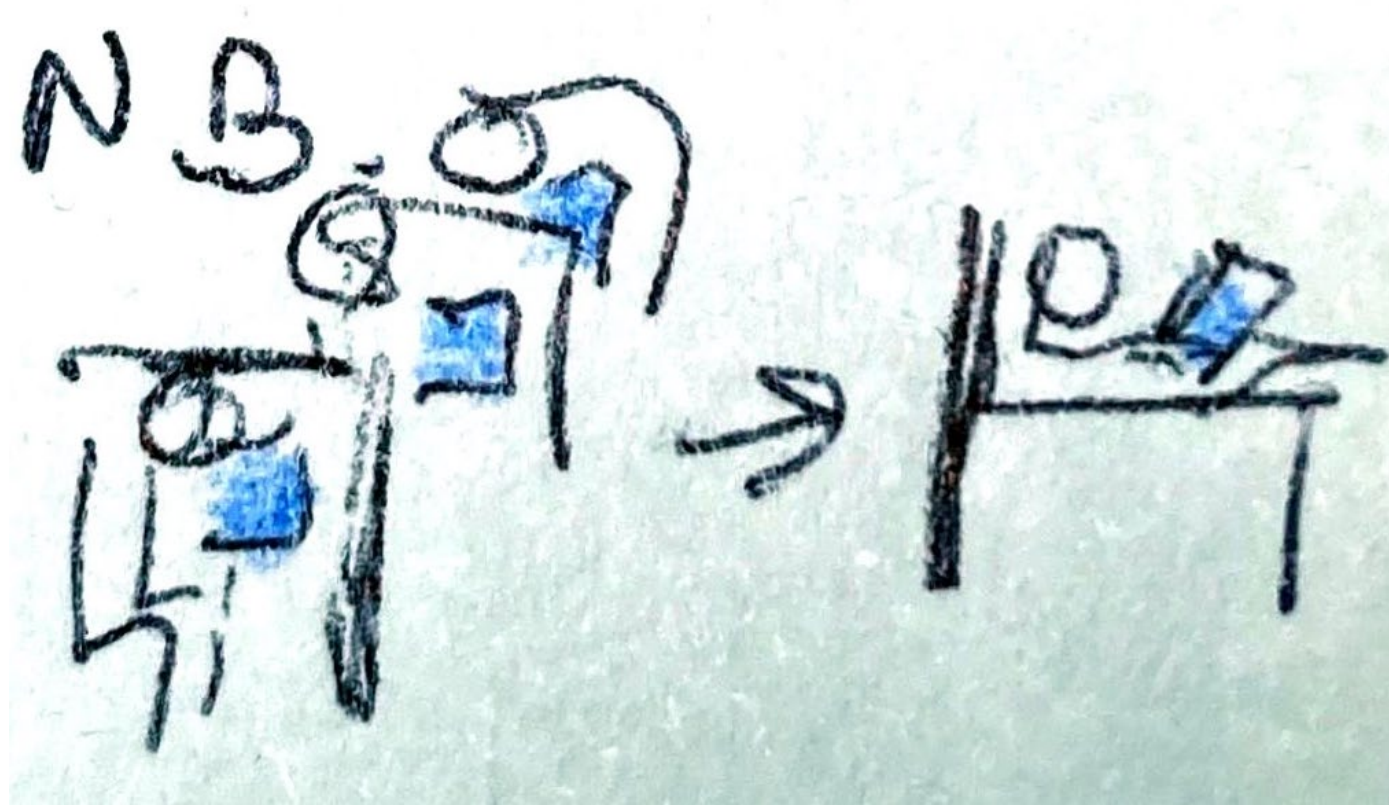
What would *you* say?

Maintaining Maintenance

- Build self-efficacy for the future: “If you were having problems, what would you do?”
- Talk about strategies to recognize problems so the teen knows when change is needed.

Stage of Change

Case Example: Relapse



- ADHD, anxious, depressed, autistic.
- Was using a lot, then stopped for two years with therapy, family support, and medication for anxiety
- Now back to using, off medication, sporadic with therapy
- Quit job and “working” from home

What would *you* say?

When to Consider Using MI

- Substance use
- Managing electronics
- Managing Bedtime
- School attendance and homework
- Safe sex

When to Refer for More Intensive Treatment

- Using every day, not going to school, having a lot of problems.
- If teens are not experiencing consequences, they may not be ready to change.

Navigating Uncertainty

- Keep in mind the ethical balance between our medical paternalism and the patient's autonomy
- Stay humble to avoid burnout: You win some and you lose some, but you do win some.

Resources for Clinicians

- Training for Motivational Interviewing to reduce marijuana use with children & adolescents. Online training for providers: National Institute of Drug Abuse (<http://training.simmersion.com/>).
- CRAFFT Questionnaire 2.1: https://njaap.org/wp-content/uploads/2018/03/COMBINED-CRAFFT-2.1-Self-Admin_Clinician-Interview_Risk-Assess-Guide.pdf

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